

471655

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Attorney Docket No.	6193 US.P1 (1700/37)
	Application Number	09/193,538
	Filing Date	NOVEMBER 17, 1998
	First Named Inventor	P.A. BILLING-MEDEL, et al.
	Group Art Unit	1655
Examiner		J. SOUAYA

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment and Response <input checked="" type="checkbox"/> Amendment After Final Rejection <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Petition and Fee for Two Month Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-0025 (Abbott Laboratories). A duplicate copy of this sheet is enclosed.		

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CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	27	Minus	51	0	x \$9=	0	x \$18=	
Indep.	7	Minus	16	0	x \$40=	0	x \$80=	
First Presentation of Multiple Dep. Claim					+\$135=	---	+\$270=	
					total add'l fee	\$ 0	total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RUTH PE PALILEO Registration No. 44,277 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	<i>Ruth Pe Palileo</i>	Date	July 16, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>July 16, 2001</u>	
Signature	<i>Ruth Pe Palileo</i> RUTH PE PALILEO, (44,277)
Date:	July 16, 2001